



**REQUEST FOR PROPOSAL
EMPLOYEE HEALTH BENEFITS
ADDENDUM #1**

RFP No. 16-012

Addendum #: 1

Date: May 2, 2016

Please note the clarification and/or additional information for the solicitation referenced above.

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- I. Attend annual Open Enrollment meetings. The Respondent may be required to give **employees** additional information on plan types and give oral presentations about types of plans offered to City employees.

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- B. Commission: No commissions or service fees shall be paid to any party without full disclosure. **The Voluntary Cancer and Voluntary Accident plans should include a flat 10% commission.**

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Allstate Voluntary Accident Benefits			
BENEFIT	Employee	Spouse	Children
Accidental Death	\$40,000	\$20,000	\$10,000
Common Carrier Accidental Death	\$200,000	\$100,000	\$50,000
Dismemberment	\$40,000	\$20,000	\$10,000
Emergency Room Services	\$200	\$200	\$200
Outpatient Physician's Benefit	\$50 per visit (2 max per year)		

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Allstate Voluntary Cancer Benefits	
Continuous Hospital Confinement	\$200 per day
Radiation/Chemotherapy for Cancer	Up to \$7,500 per 12 months
Lifetime Cancer Initial Diagnosis	\$3,000
Wellness Benefit	\$100 per year

Approved by _____

Joy Simonton, Purchasing Agent

By the signatures affixed below, Addendum No. 1 is hereby incorporated into and made a part of the above referenced solicitation.

ACKNOWLEDGED

Vendor

Authorized Signature

Date

RETURN ONE COPY SIGNED COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE WITH YOUR SEALED PROPOSAL. FAILURE TO DO SO MAY AUTOMATICALLY DISQUALIFY YOUR RESPONSE FROM CONSIDERATION FOR AWARD.